



# Welcome

**Fit For Life 24 stands apart from the typical "gym" by not only offering a superior quality facility but by offering our clients what they demand. Our commitment to a complete and comprehensive fitness program dedicated to each individual client's goal is our # 1 priority.**

We are a private facility, Each member is treated to the finest in service and personal training there is available. The next few questions will help us plan and set up your membership according to your unique and individual needs. Each application is subject to review and acceptance.

PLEASE PRINT

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Email: \_\_\_\_\_ SS #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

How did you discover Fit For Life 24? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Consent & Release

I, \_\_\_\_\_, understand that exercise carries some risk to the musculoskeletal system (sprains & strains) and the cardio respiratory system (dizziness, discomfort in breathing, and heart attack).

I give my consent to participate in personal training, fitness testing & evaluation programs conducted by Fit For Life 24.

I hereby certify that I know of no medical problem (except those noted below) that would increase my risk of illness, injury or death as a result of participation in a regular exercise program.

I hereby release and hold harmless Fit For Life 24 (all owners and employees) from injury and damage to my person and items sustained while on the premises. I hereby realized physical exercise may cause discomfort, injury and/or death. I have agree to participate in an exercise program under the supervision of a Fit For Life 24 trainer and agree to hold them harmless to actions that may cause injury or death to my person or damage my personal items.

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Signature

Date

Fit For Life Rep



## Terms & Conditions

This club urges you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise classes. All exercises, including the use of free weights and use of any and all machinery, equipment and apparatus designed for exercising shall be at your own risk. Fit For Life 24, hereafter referred to as "The Gym," shall not be liable to you for any claims, demands, injuries, damages or actions arising due to injury to you or your property arising out of, or in connection with the services, facilities and premises of The Gym. You hereby hold The Gym, its officers, owners, agents and employees harmless from all claims which may be brought against them by you or on your behalf for any such injuries or claims. If by reason of death or "PERMANENT" disability and you are unable to participate in strength training, you and/or your estate shall be relieved from the obligations of this contract. If you are "permanently" disabled, you must obtain a medical verification from The Gym, have your physician review and sign it and hand-deliver or send it to The Gym by certified mail. If you have prepaid any sum, the pro-rated amount shall be refunded, minus the initiation fee. Should you "permanently" move your residence more than twenty-five (25) miles from any Gym locations, payment on this contract will be suspended upon payment of an appropriate cancellation fee of \$150.00 and legitimate verification of the move. If you are paying in full for your membership, there are no refunds. This membership is transferrable to a new member upon payment of a \$60 transfer fee. All month-to-month contracts or contracts in auto renewal require a 30 day written cancellation notice. You must obtain a Cancellation Form from The Gym and submit it by hand delivery or certified mail along with the documentation required. You agree to follow The Gym rules as promulgated from time to time. I have read the "Notice of Cancellation" and have been informed orally of my cancellation rights. An Insufficient Funds Fee and a Late Fee will be charged for all un-paid accounts. New and updated billing, address and telephone information is the responsibility of the member, and not the responsibility of Fit For Life 24 to notify the member of expired/declined credit cards and EFT returns. All overdue accounts, including cancelled accounts, may be charged a Return Fee and a Late Fee each month until the account is paid in full or arrangements are made for payment. If a month-to-month membership account is frozen during the due date of the Annual Club Upfit Fee, the Annual Club Upfit Fee will be charged on the agreed upon due date.

**ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSES WHICH THE BUYER/CLIENT COULD ASSERT AGAINST THE GYM AS A RESULT OF THIS CONTRACT. RECOVERY BY THE CLIENT SHALL NOT EXCEED THE TOTAL AMOUNT PAID BY THE BUYER/CLIENT TO THE GYM PURSUANT TO THIS CONTRACT.**

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Signature

Date

Fit For Life Rep



# Bank Draft

## PLEASE PRINT

Date \_\_\_\_\_  
Name \_\_\_\_\_  
Billing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## ELECTRONIC FUNDS TRANSFER INFORMATION

Bank Name \_\_\_\_\_  
Routing # \_\_\_\_\_  
Account # \_\_\_\_\_  
Name on Account \_\_\_\_\_  
EFT Description \_\_\_\_\_



I agree to have my account drafted in the amount of \_\_\_\_\_ /month for \_\_\_\_\_ months. I understand that my membership will automatically convert to a monthly membership once my initial contract expires. I also agree to submit a cancellation notice thirty (30) days in advance once I am on the monthly plan. Member Initials \_\_\_\_\_

I agree to pay \_\_\_\_\_ per member on January 1st for the Club Upfit fee each year I am a member. Member Initials \_\_\_\_\_

I am aware that if my account remains Past Due, my information will be handled by Paramount Acceptance and may be applied to my credit history.

I agree to pay my Processing Fee upon the 30 Day Cancellation of my membership.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Fit For Life 24 Representative

I understand there is an annual Rate Lock Guarantee Fee of \_\_\_\_\_ due on the anniversary of my start date in order to keep my current rate. The Rate Lock Guarantee Fee for each add on is \$25.

Signature \_\_\_\_\_



### REQUEST FOR PREAUTHORIZED PAYMENT PLAN

I/We hereby request the privilege of paying to Paramount Acceptance, Holladay, UT 84117, under the Company's Preauthorized Payment Plan and hereby request the Company to draw items (checks, electronic fund transfers, charge card) for the purpose of paying said payments, including any late fees or service fees, on the account of

**REQUIRED FOR ALL  
EFT AND CREDIT CARD  
DRAFT ACCOUNTS**

\_\_\_\_\_  
(Name as shown on account)

#### Subject to the following conditions:

- (1) The items shall be drawn on or about the date or dates of the Payment Schedule. The transactions on your bank statement will constitute receipts for payment on your account.
- (2) If the regular payments set forth on the Payment Schedule should vary in amount, you are entitled to notice at least 10 days before each payment of when it will be made and how much it will be. However, by executing this preauthorization, you choose to instead get this notice only when the payment would differ by more than \$50 from the most recent payment.
- (3) By executing this agreement, you acknowledge your awareness that certain disclosures required by the Electronic Funds Transfer Act and its regulations are available for your review at the Company's web site [www.paramountacceptance.com](http://www.paramountacceptance.com) under terms and conditions.
- (4) The privilege of making payments under this arrangement may be revoked by the Company if any item is not paid upon presentation.
- (5) If this preauthorization payment arrangement is revoked for any reason, this does not release you from your obligation (Payment Schedule).
- (6) A service fee will be assessed and drafted for any check, draft, credit card, or order returned for insufficient funds or any other reason. A late fee will be assessed and drafted should any monthly payment become past due.
- (7) This preauthorization payment arrangement shall apply to the following Applicant(s):

Date \_\_\_\_\_ Customer Signature \_\_\_\_\_

(Signature required only if name on account is different than member)

**ATTACH VOIDED CHECK**